

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.		FILING DATE		
							APPLICANT(S)				
CLAIMS											
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
1	1	1	1	1	1	1		51	1	51	1
2	1	1	1	1	1	1		52	1	52	1
3	2	2	2	2	2	2		53	1	53	1
4	1	1	1	1	1	1		54	1	54	1
5	2	2	2	2	2	2		55	1	55	1
6	2	2	2	2	2	2		56	1	56	1
7	2	2	2	2	2	2		57	1	57	1
8	2	2	2	2	2	2		58	1	58	1
9	2	2	2	2	2	2		59	1	59	1
10	2	2	2	2	2	2		60	1	60	1
11	2	2	2	2	2	2		61	1	61	1
12	2	2	2	2	2	2		62	1	62	1
13	2	2	2	2	2	2		63	1	63	1
14	2	2	2	2	2	2		64	1	64	1
15	2	2	2	2	2	2		65	1	65	1
16	2	2	2	2	2	2		66	1	66	1
17	2	2	2	2	2	2		67	1	67	1
18	2	2	2	2	2	2		68	1	68	1
19	2	2	2	2	2	2		69	1	69	1
20	2	2	2	2	2	2		70	1	70	1
21								71	1	71	1
22								72	1	72	1
23								73	1	73	1
24								74	1	74	1
25								75	1	75	1
26								76	1	76	1
27								77	1	77	1
28								78	1	78	1
29								79	1	79	1
30								80	1	80	1
31								81	1	81	1
32								82	1	82	1
33								83	1	83	1
34								84	1	84	1
35								85	1	85	1
36								86	1	86	1
37								87	1	87	1
38								88	1	88	1
39								89	1	89	1
40								90	1	90	1
41								91	1	91	1
42								92	1	92	1
43								93	1	93	1
44								94	1	94	1
45								95	1	95	1
46								96	1	96	1
47								97	1	97	1
48								98	1	98	1
49								99	1	99	1
50								100	1	100	1
TOTAL IND.	1	1	1	1	1	1		TOTAL IND.	1	1	1
TOTAL DEP.	20	27	37	37	38	38		TOTAL DEP.	1	1	1
TOTAL CLAIMS	21	38	38	38	38	38		TOTAL CLAIMS	1	1	1

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS